

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM **460**

Date Stamp

Statement covers period

from 07/01/2001

through 09/30/2001

Date of election if applicable:
(Month, Day, Year)

03/05/2002

1/35

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 7.

☒ Officeholder, Candidate
Controlled Committee
(Also Complete Part 4.)

☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 5.)

☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 6.)

☐ General Purpose Committee
☐ Sponsored
☐ Broad Based

2. Type of Statement:

☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement

☒ Amendment (Explain below)
Additions to Schedule A and to Schedule G

☐ Quaterly Statement
☐ Special Odd-Year Report
☐ Supplemental Pre-election
Statement - Attach Form 495

3. Committee Information

I.D.NUMBER
1232592

COMMITTEE NAME

WESSON FOR ASSEMBLY 2002

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Marina Del Rey CA 90292

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814

OPTIONAL: FAX/E-MAIL ADDRESS

()

Treasurer(s)

NAME OF TREASURER

Jan Wasson

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Marina Del Rey CA 90292

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

2/35

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Hon. Herman J Wesson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Other 47

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Sacramento CA 95814

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

Wesson for Assembly

I.D. NUMBER

962652

NAME OF TREASURER

Jan Wasson

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Marina Del Rey CA 90292

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☒ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee

List names of officeholder(s) or candidate(s)

for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/25/2001
DATE

Executed on 10/25/2001
DATE

Executed on
DATE

Executed on
DATE

By Jan Wasson
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Hon. Herman J Wesson
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>07/01/2001</u> through <u>09/30/2001</u>	CALIFORNIA FORM 460 3/35 I.D. NUMBER 1232592
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WESSON FOR ASSEMBLY 2002

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ 37500.00	\$ 240844.00	\$ 278344.00
2. Loans Received	Schedule B, Line 7	0.00	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 37500.00	\$ 240844.00	\$ 278344.00
4. Nonmonetary Contributions	Schedule C, Line 3	317.85	310.30	628.15
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 37817.85	\$ 241154.30	\$ 278972.15

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 99868.76	\$ 153631.96	\$ 253500.72
7. Loans Made	Schedule H, Line 7	0.00	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 99868.76	\$ 153631.96	\$ 253500.72
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	17628.54	0.00	17628.54
10. Nonmonetary Adjustment	Schedule C, Line 3	317.85	310.30	628.15
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 117815.15	\$ 153942.26	\$ 271757.41

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 87212.04
13. Cash Receipts	Column A, Line 3 above	37500.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	3607.33
15. Cash Payments	Column A, Line 8 above	99868.76
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 28450.61

If this is a termination statement, Line 16 must be zero.

* From previous statement Summary Page, Column C, However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

		1/1 through 6/30	7/1 to Date
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 1, Column (b)	\$ 0.00	
20. Contributions Received		\$ 0.00	0.00
21. Expenditures Made		\$ 0.00	0.00
18. Cash Equivalents	See instructions on reverse	\$ 0.00	
19. Outstanding Debts	Add Line 2 + Line 9 in Column C above	\$ 17628.54	

Cash Equivalents and Outstanding Debts

FPPC Form 460 (8/99)
For Technical Assistance: 916/322-5660

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	07/01/2001	
through	09/30/2001	4/35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER WESSON FOR ASSEMBLY 2002	I.D. Number 1232592
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
08/02/2001	Baxter Healthcare Corp Sacramento CA 95814 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		2000.00	2000.00	0.00
08/23/2001	BP Amoco Corp Tulsa OK 74103 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		2000.00	3000.00	0.00
09/28/2001	Burlington Northern & Santa Fe Railroad Co Topeka KS 66601 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1000.00	1000.00	0.00
07/05/2001	CA Independent Petroleum Pac Sacramento CA 95814 ID: 822237	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		1000.00	1000.00	0.00
08/29/2001	CA Manufactured Housing Rancho Cucamonga CA 91730 ID: 890112	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		1000.00	1000.00	0.00
SUBTOTAL \$				7000.00		

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ 37500.00
2. Amount received this period - unitemized contributions of less than \$100	\$ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 37500.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	07/01/2001	
through	09/30/2001	5/35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WESSON FOR ASSEMBLY 2002

I.D. Number
1232592

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
08/24/2001	CA Optometric PC Sacramento CA 95814 ID: 745825	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		4000.00	6000.00	0.00
07/05/2001	CAHFPAC Sacramento CA 95853 ID: 741816	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		2500.00	2500.00	0.00
08/02/2001	Cap-Trust Legeslative Committee Los Angeles CA 90071 ID: 760951	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		500.00	500.00	0.00
07/18/2001	Distilled Spirits Council US Washington DC 20005 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		3000.00	3000.00	0.00
08/31/2001	Eli Lilly and Company Indianapolis IN 44285 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1000.00	1500.00	0.00
08/31/2001	Eli Lilly and Company Indianapolis IN 44285 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		500.00	1500.00	0.00
SUBTOTAL \$				11500.00		

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2001</u>	CALIFORNIA FORM 460
through <u>09/30/2001</u>	
6/35	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER WESSON FOR ASSEMBLY 2002	I.D. Number 1232592
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
08/16/2001	Elite Surgical Centers Point Loma San Diego CA 92110 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		2000.00	3000.00	0.00
08/16/2001	Elite Surgical Centers Point Loma San Diego CA 92110 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1000.00	3000.00	0.00
08/16/2001	General Anesthesia Specialists Partnership Medical Group Los Angeles CA 90010 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		3000.00	3000.00	0.00
08/09/2001	Paramount Pictures Group Hollywood CA 90038 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1000.00	1000.00	0.00
07/05/2001	Texaco Inc Bellaire TX 77402 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1000.00	1000.00	0.00
07/18/2001	The Pacific Lumber Co Scocia CA 95565 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1000.00	1000.00	0.00
SUBTOTAL \$				9000.00		

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	07/01/2001	
through	09/30/2001	7/35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER WESSON FOR ASSEMBLY 2002	I.D. Number 1232592
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
07/18/2001	TOC PAC Del Mar CA 92014 ID: 1232592	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		2000.00	2000.00	0.00
09/28/2001	UPSPAC-California Atlanta GA 30328 ID: 921055	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		3000.00	3000.00	0.00
07/05/2001	Verizon Manchester NH 03101 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		2000.00	2000.00	0.00
08/16/2001	Jeffrey Weisblatt Los Angeles CA 90077 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Jeffrey Weisenblatt MD	3000.00	3000.00	0.00

SUBTOTAL \$ 10000.00

Schedule B - Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>07/01/2001</u> through <u>09/30/2001</u>	CALIFORNIA FORM 460
	8/35
I.D. NUMBER 1232592	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WESSON FOR ASSEMBLY 2002

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LENDER INFORMATION			GUARANTOR INFORMATION	
				DUE DATE/ INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	(b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____
ID: <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor								

SUBTOTAL \$	0.00		\$	0.00	Enter (b) on Summary Page, Line 17 only.
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Schedule B - Part 1 Summary

- Loans of \$100 or more received this period. (Include all Loans Received - Part 1 (a) subtotals.) \$ 0.00
- Amount received this period - unitemized loans of less than \$100 \$ 0.00
- Total loans received this period. (Add Lines 1 and 2.) **TOTAL \$** 0.00

Schedule B - Part 2 Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part 2 (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ 0.00
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ 0.00
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) **TOTAL \$** 0.00
- Net change this period. (**Subtract** Line 6 from Line 3.) 0.00
Enter the net here and on the Summary Page, Column A, Line 2. **NET \$** 0.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

May be a negative number.

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Schedule B - Part 2
Repayments Made on Loans Received, Loans
Forgiven, and Loans Repaid by a Third Party

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period
from 07/01/2001
through 09/30/2001

CALIFORNIA
FORM 460

9/35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WESSON FOR ASSEMBLY 2002

I.D. NUMBER

1232592

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	(c) AMOUNT REPAYED OR FORGIVEN ON PRINCIPAL * (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	(d) INTEREST PAID

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

0.00

**TOTAL INTEREST
PAID THIS PERIOD \$**

0.00

* IMPORTANT: If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid

Enter the amount in column (d) in the Schedule B Summary, Line 3. Do not carry this total to the Schedule B Summary.

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Schedule B - Part 3
Annual Report of Outstanding Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2001
through 09/30/2001

CALIFORNIA FORM 460
10/35
I.D. NUMBER
1232592

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
WESSON FOR ASSEMBLY 2002

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST

Attach additional information on appropriately labeled continuation sheets.	TOTAL \$	0.00
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NOTE : This total should be
the same amount as entered
on the Summary Page,
Column C, Line 2.

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2001</u> through <u>09/30/2001</u>	CALIFORNIA FORM 460
	11/35
I.D. Number 1232592	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WESSON FOR ASSEMBLY 2002

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
09/23/2001	Manatt Phelps & Phillips LLP Los Angeles CA 90064 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		Fundraiser event	317.85	317.85	

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL \$	317.85
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Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... \$ 317.85
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 317.85

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
from <u>07/01/2001</u>		
through <u>09/30/2001</u>		12/35
NAME OF FILER WESSON FOR ASSEMBLY 2002		I.D. NUMBER 1232592

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
08/01/2001	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Voter Registration	50000.00	Calendar Year
	District No: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose				\$ <u>50000.00</u> Other \$ _____
09/27/2001	Fabian Nunez State Assembly Person Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		3000.00	Calendar Year
	District No: 39 <input type="checkbox"/> Support <input type="checkbox"/> Oppose				\$ <u>3000.00</u> Other \$ _____
09/27/2001	Richard Ramos State Assembly Person Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Political Contributio - n	3000.00	Calendar Year
	District No: 39 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				\$ <u>3000.00</u> Other \$ _____
SUBTOTAL \$					

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 66000.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 66000.00

FPPC Form 460 (8/99)
For Technical Assistance: 916/322-5660

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from <u>07/01/2001</u> through <u>09/30/2001</u>	CALIFORNIA FORM 460 13/35 I.D. NUMBER 1232592
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WESSON FOR ASSEMBLY 2002

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
07/16/2001	Voter Registration 2000 <div>District No: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</div>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Voter Registration	10000.00	Calendar Year \$ <u>10000.00</u> Other \$ _____

SUBTOTAL \$ 66000.00

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** _____

FPPC Form 460 (8/99)
For Technical Assistance: 916/322-5660

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2001	
through	09/30/2001	14/35
		I.D. NUMBER
		1232592

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WESSON FOR ASSEMBLY 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Trudie Abraham Los Angeles CA 90008 ID:	FND			450.53
Trudie Abraham Los Angeles CA 90008 ID:	MTG			522.58
Trudie Abraham Los Angeles CA 90008 ID:	PRO			1008.10

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	99361.74
2. Unitemized payments made this period of under \$100.	\$	507.02
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$	0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	99868.76

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2001 through 09/30/2001		CALIFORNIA FORM 460
		15/35
		I.D. NUMBER 1232592

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WESSON FOR ASSEMBLY 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LIT campaign literature and mailings
MTG meetings and appearances

OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs

RFD returned contributions
SAL campaign workers salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging and meals (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Trudie Abraham Los Angeles CA 90008 ID:	OFC		82.27
AGENDA Los Angelesca90047 ID:	CVC		250.00
American Express Los Angeles CA 90096 ID:	TRC		3783.38

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
2. Unitemized payments made this period of under \$100. \$ _____
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ _____
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** _____

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2001	
through	09/30/2001	16/35
		I.D. NUMBER
		1232592

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WESSON FOR ASSEMBLY 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Express Los Angeles CA 90096 ID:	OFC			176.96
BMW of Richmond Richmond CA 94804 ID:	RFD			1000.00
Charmette Bonpua Sacramento CA 95814 ID:	OFC			105.58

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
2. Unitemized payments made this period of under \$100. \$ _____
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ _____
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** _____

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2001	
through	09/30/2001	17/35
		I.D. NUMBER
		1232592

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WESSON FOR ASSEMBLY 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Democratic Party Sacramento CA 95814 ID: 741666	CTB		Voter Registration	50000.00
Dorsey HS Cheerleading Squad Los Angeles CA 90018 ID:	CVC			250.00
ELDF Joe Serna Jr Nonpartisan Farm Workers Fund Sacramento CA 95814 ID:	CVC			500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100. \$ _____
- Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ _____
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** _____

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2001	
through	09/30/2001	18/35
		I.D. NUMBER
		1232592

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WESSON FOR ASSEMBLY 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Connie Emerson Sacramento CA 95819 ID:	PRO			5000.00
Connie Emerson Sacramento CA 95819 ID:	TRS			344.00
Connie Emerson Sacramento CA 95819 ID:	OFC			170.91

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100. \$ _____
- Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ _____
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** _____

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2001	
through	09/30/2001	19/35
		I.D. NUMBER
		1232592

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WESSON FOR ASSEMBLY 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Connie Emerson Sacramento CA 95819 ID:	PRO			5000.00
Connie Emerson Sacramento CA 95819 ID:	OFC			99.28
Fairbank Maslin Maullin & Associates Santa Monica CA 90404 ID:	POL			6000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100. \$ _____
- Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ _____
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** _____

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2001	
through	09/30/2001	20/35
		I.D. NUMBER
		1232592

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WESSON FOR ASSEMBLY 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Friends of Fabian Nunez Beverly Hills CA 90211 ID: 1237898	CTB			3000.00
Friends of Richard Ramos San Fernando CA 91341 ID: 1236106	CTB		Political Contribution	3000.00
Gene Sinser Gallery Los Angeles CA 90068 ID:	OFC			179.26

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100. \$ _____
- Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ _____
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** _____

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2001	
through	09/30/2001	21/35
		I.D. NUMBER
		1232592

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WESSON FOR ASSEMBLY 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LIT campaign literature and mailings
MTG meetings and appearances

OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs

RFD returned contributions
SAL campaign workers salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging and meals (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mothers in Action Los Angeles CA 90011 ID:	CVC			500.00
National Coalition of 100 Black Women - LA Los Angeles CA 90043 ID:	CVC			125.00
Pacific Bell ID:	OFC			18.82

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100. \$ _____
- Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ _____
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** _____

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2001	
through	09/30/2001	22/35
		I.D. NUMBER
		1232592

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WESSON FOR ASSEMBLY 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific Bell	OFC			20.99
ID: Pacific Bell	OFC			31.25
ID: Pacific Bell	OFC			20.54
ID:				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100. \$ _____
- Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ _____
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** _____

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2001	
through	09/30/2001	23/35
		I.D. NUMBER
		1232592

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WESSON FOR ASSEMBLY 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific Bell	OFC			24.11
ID: Pasadena Christian School	CVC			235.11
Pasadena CA ID: Richard Rios	OFC			52.47
Sacramento CA 95817 ID:				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100. \$ _____
- Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ _____
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** _____

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2001	
through	09/30/2001	24/35
		I.D. NUMBER
		1232592

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WESSON FOR ASSEMBLY 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Richard Rios Sacramento CA 95817 ID:	TRS			270.48
Sacramento River Cats West Sacramento CA 95641 ID:	CVC			200.00
SEIU Local 660 Los Angeles CA 90015 ID:	CVC			250.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100. \$ _____
- Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ _____
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** _____

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2001	
through	09/30/2001	25/35
		I.D. NUMBER
		1232592

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WESSON FOR ASSEMBLY 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stan's Westchester Flowers Los Angeles CA 90045 ID:	OFC			191.16
Statecraft La Jolla CA 90237 ID:	PRO			200.00
Temple Beth Torah of Granada Hills Granada Hills CA 91344 ID:	CVC			125.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100. \$ _____
- Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ _____
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** _____

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2001	
through	09/30/2001	26/35
		I.D. NUMBER
		1232592

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WESSON FOR ASSEMBLY 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Voter Registration 2000 Sacramento CA 95814 ID: 1231329	CTB		Voter Registration	10000.00
Shawn Wallace Los Angeles CA 90056 ID:	OFC			260.00
Jan Wasson Marina Del Rey CA 90292 ID:	PRO			3521.12

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
2. Unitemized payments made this period of under \$100. \$ _____
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ _____
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** _____

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2001	
through	09/30/2001	27/35
		I.D. NUMBER
		1232592

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WESSON FOR ASSEMBLY 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jan Wasson Marina Del Rey CA 90292 ID:	PRO			2392.84

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 99361.74

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
2. Unitemized payments made this period of under \$100. \$ _____
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ _____
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** _____

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 07/01/2001
through 09/30/2001

CALIFORNIA
FORM **460**

28/35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WESSON FOR ASSEMBLY 2002

I.D. NUMBER

1232592

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others(explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
American Express Los Angeles CA 90096 ID:	TRC Travel meetingsOffice Expenses	0.00	1111.29	0.00	1111.29
Charmette Bonpua Sacramento CA 95814 ID:	OFC Staff Meeting	0.00	247.82	0.00	247.82
Cingular Wireless Van Nuys CA 91410 ID:	OFC	0.00	79.33	0.00	79.33
SUBTOTALS \$			\$	\$	\$

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 17628.54
- Total accrued expenses paid this period. (Include all Schedule F, Column(c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 17628.54
May be a negative number.

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2001</u> through <u>09/30/2001</u>		CALIFORNIA FORM 460
29/35		
NAME OF FILER WESSON FOR ASSEMBLY 2002		I.D. NUMBER 1232592

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others(explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Connie Emerson Sacramento CA 95819 ID:	PRO Fund Raising Services	0.00	1000.00	0.00	1000.00
Fresh Cut Florist Sacramento CA 95814 ID:	OFC	0.00	110.19	0.00	110.19
Greg Campbell Sacramento CA 95833 ID:	TRS Travel	0.00	80.00	0.00	80.00
SUBTOTALS \$		\$	\$	\$	\$

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column(c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS \$** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** _____

May be a negative number.

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2001</u> through <u>09/30/2001</u>		CALIFORNIA FORM 460 30/35
I.D. NUMBER 1232592		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WESSON FOR ASSEMBLY 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others(explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Pacific Bell	OFC	0.00	82.52	0.00	82.52
ID: Ross Communications Sacramento CA 95814 ID:	LIT Mailer	0.00	16628.54	0.00	16628.54
Trudie Abraham Los Angeles CA 90008 ID:	TRS	0.00	58.32	0.00	58.32
SUBTOTALS \$		0.00 \$	19398.01 \$	0.00 \$	19398.01

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column(c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS \$** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** _____
May be a negative number.

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period from 07/01/2001 through 09/30/2001	CALIFORNIA FORM 460
	31/35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WESSON FOR ASSEMBLY 2002

I.D. NUMBER
1232592

NAME OF AGENT OR INDEPENDENT CONTRACTOR

American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Simon's Sacramento CA 95814 ID:	MTG			667.10
Highland Hotel Carmel CA ID:	MTG			535.88
ID:				
ID:				
ID:				
ID:				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1202.98

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (8/99)
For Technical Assistance: 916/322-5660

Schedule H - Part 1 Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H - PART 1

Statement covers period from 07/01/2001 through 09/30/2001	CALIFORNIA FORM 460
	32/35
I.D. NUMBER 1232592	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WESSON FOR ASSEMBLY 2002

DATE OF LOAN	NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	INTEREST RATE	DUE DATE	AMOUNT
	ID:			

* Loans that are contributions to another candidate or committee must also be summarized on Schedule D.

SUBTOTAL \$ 0.00

Schedule H - Part 1 Summary

1. Loans of \$100 or more made this period. (Include all Loans Made - Part 1 subtotals.) \$ 0.00
2. Unitemized loans under \$100 made this period. \$ 0.00
3. Total loans made this period. (Add Lines 1 and 2.) TOTAL \$ 0.00

Schedule H - Part 2 Summary

4. Payments received on loans of \$100 or more. (Include all loan payments received and all
loans of \$100 or more forgiven by this committee - Part 2 (a) subtotals.
If forgiven, also itemize on Schedule E.) \$ 0.00
5. Unitemize payments received on loans under \$100.
(Including a forgiveness.) \$ 0.00
6. Total loan payments received this period.
(Add Lines 4 and 5.) TOTAL \$ 0.00
7. Net change this period. (**Subtract** Line 6 from Line 3.
Enter the net here and on the Summary Page, Column A, Line 7.) NET \$ 0.00
May be a negative number

Schedule H – Part 2
Repayments on Loans Made to Others
and Loans Forgiven

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H - PART 2

Statement covers period from 07/01/2001 through 09/30/2001	CALIFORNIA FORM 460
	33/35
	I.D. NUMBER 1232592

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
WESSON FOR ASSEMBLY 2002

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF RECIPIENT OF LOAN	INTEREST RATE (IF CHANGED)	AMOUNT REPaid OR FORGIVEN ON PRINCIPAL * (EXCLUDE RECEIPT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST RECEIVED

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL \$ 0.00	TOTAL INTEREST RECEIVED THIS PERIOD \$ 0.00
* IMPORTANT: If any part of a loan is forgiven, also itemize the forgiveness on Schedule E. If a repayment is received from a third party, enter the name and address of third party in the "FULL NAME OF RECIPIENT OF LOAN" column above, along with the name of the recipient of the loan.		Enter the amount in column (b) in the Schedule I Summary, Line 3. Do not carry this total to the Schedule H Summary.

Schedule H - Part 3
Annual Report of Outstanding Loans Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2001
through 09/30/2001

SCHEDULE H - PART 3
CALIFORNIA FORM 460
34/35
I.D. NUMBER
1232592

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
WESSON FOR ASSEMBLY 2002

FULL NAME OF RECIPIENT OF LOAN	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST

Attach additional information on appropriately labeled continuation sheets.	TOTAL \$	0.00
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NOTE: This total should be
the same amount as entered
on the Summary Page,
Column C, Line 7.

Schedule I Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period		CALIFORNIA FORM 460
from	07/01/2001	
through	09/30/2001	35/35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WESSON FOR ASSEMBLY 2002

I.D. NUMBER

1232592

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
09/30/2001	Cal Fed Marina Del Rey CA 90292 ID:	Interest	107.33
07/18/2001	Sacramento Hotel Corp Sacramento CA 95814 ID:	Refund	500.00
09/30/2001	Wesson/Assembly Marina Del Rey CA 90292 ID:	Reimbursement for overpayment	3000.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

3607.33

Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$	3607.33
2. Unitemized increases to cash under \$100 this period.....	\$	0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).).....	\$	0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$	3607.33

FPPC Form 460 (8/99)
For Technical Assistance: 916/322-5660